



State of California—Health and Human Services Agency  
**Department of Health Services**



**GRAY DAVIS**  
Governor

April 30, 2002

**PPL No. 02-004**

**TO:** All Local Governmental Agencies (LGA)  
Targeted Case Management (TCM) Coordinators

**SUBJECT: SURVEY ON TCM PARTICIPATION FISCAL YEAR 2002-03**

This annual survey determines LGA participation in the TCM Program during fiscal year (FY) 2002-03. The survey includes six target groups approved by the Centers for Medicare and Medicaid Services (CMS): Public Health, Outpatient Clinics, Public Guardian/Conservatorship, Aging and Adult Services/Linkages, Adult Probation and Community.

On the enclosed survey form, please indicate whether the LGA will or will not provide TCM services during FY 2002-03 for each target group. Information collected from this survey will be used to update the State Plan. Please sign and mail or fax the participation survey for by June 30, 2002 to the address below:

**Attention: Ms. Elizabeth Touhey  
Administrative Claiming Policy and Systems Unit  
Department of Health Services  
714 P Street, Room 1640  
Sacramento CA 95814  
Fax: (916) 657-0957**

To avoid delays and losses of federal reimbursements, please submit the survey form by June 30, 2002. LGAs who do not return this signed survey by June 30, 2002 will be ineligible to claim federal reimbursements for FY 2002-2003



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[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

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714 P Street, Room 1640, Sacramento,, CA 95814  
(916) 657-1460  
Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

All Local Governmental Agencies (LGAs)  
Target Case Management (TCM) Coordinators  
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If you have any questions, please contact Ms. Elizabeth Touhey, Chief, of the Administrative Claiming Policy and Systems Unit, at (916) 657-0716 or by e-mail [etouhey@dhs.ca.gov](mailto:etouhey@dhs.ca.gov).

Sincerely,

Patricia L. Morrison, Chief  
Administrative Claiming  
And Support Section

Enclosure

cc: Ms. Linda Minamoto  
Associate Regional Administrator  
Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Division of Medicaid, Region IX  
75 Hawthorne Street, Fourth Floor  
San Francisco CA 94105-3903

Mr. Larry Lee, Accountant  
Division of Medicaid  
801 I Street, Room 210  
Sacramento CA 95814

Ms. Cathleen Gentry  
MAA/TCM Consultant  
Local Governmental Agency  
455 Pine Avenue  
Half Moon Bay CA 94109

**SURVEY OF LOCAL GOVERNMENTAL AGENCIES (LGAs)  
PARTICIPATING IN TARGETED CASE MANAGEMENT (TCM)  
IN FISCAL YEAR (FY) 2002/2003**

The results of this survey will identify the LGAs who will be participating in the TCM program during FY 2002/2003. Defined below are six TCM programs. Please indicate whether your LGA will participate in each TCM program during FY 2002/2003. This survey form should be completed and signed by the TCM Coordinator then mailed to the Department of Health Services by June 30, 2002. LGAs who do not return this signed survey by June 30, 2002 will be ineligible to claim reimbursements for FY 2002/2003.

<b>Name of LGA:</b>			
<b>Target Group</b>	<b>Description</b>	<b>Will Participate</b>	<b>Will Not Participate</b>
<b>Public Health (6)</b>	<p>Medi-Cal eligible high-risk persons identified as having a need for public health case management services including the following individuals:</p> <ul style="list-style-type: none"> <li>• Women, infants, children, and young adults to age 21</li> <li>• Persons with HIV/AIDS</li> <li>• Persons with reportable communicable diseases</li> <li>• Pregnant women</li> <li>• Persons who are technology dependent</li> <li>• Persons who are medically fragile</li> <li>• Persons with multiple diagnoses</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outpatient Clinics (7)</b>	<p>Medi-Cal eligible persons who are in need of outpatient clinic medical services and who need case management services in connection with their treatment because they are unable to access or appropriately utilize services themselves, including the following:</p> <ul style="list-style-type: none"> <li>• Persons who have demonstrated non-compliance with their medical regimen</li> <li>• Person who are unable to understand medical directions because of language or other comprehension barriers</li> <li>• Persons with no community support system to assist in follow-up care at home</li> <li>• Persons who require services from multiple health/social service providers in order to maximize health outcomes</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Public Guardian (9)</b>	Medi-Cal eligible individuals, 18 years or older, who have exhibited an inability to handle person, medical, or other affairs, who are under conservatorships of person and/or estate or a representative payee	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aging and Adult Services/Linkages (10)</b>	Medi-Cal eligible individuals, 18 years and older, in frail health and in need of assistance to access services in order to prevent institutionalization.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adult Probation/Conservatorship (11)</b>	Medi-Cal eligible persons, 18 years or older, on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social and other services.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community (13)</b>	<p>Medi-Cal eligible adults and children at risk of abuse and unfavorable developmental, behavioral, psychological, or social outcomes including the following individuals:</p> <ul style="list-style-type: none"> <li>▪ Persons abusing alcohol or drugs, or both</li> <li>▪ Persons at risk of physical, sexual, or emotional abuse</li> <li>▪ Persons at risk of neglect</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

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TCM Coordinator (Printed Name)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
TCM Coordinator (Signature)

\_\_\_\_\_  
Date

Please mail or fax to:

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Department of Health Services  
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